



**THERAPEUTIC EFFECT OF KANCHNAR GUGGULU AND PUNARNAVADI KWATH IN THE MANAGEMENT OF UTERINE FIBROID: A CASE SERIES**

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**ABSTRACT :**

Uterine fibroid is a most common and non-cancerous tumor in women of childbearing age. Inability to follow proper care pertaining to health because of change in life style is one of the positive factors for pathogenesis of uterine fibroid. Proper dietary regimes can't be followed during menstrual period, post natal period and after abortion. This affects women's reproduction system resulting in uterine fibroid. It can be compared to *Granthi* as per Ayurveda. Five cases of uterine fibroid were managed by Ayurvedic intervention of *Kanchnar Guggulu* 1gm bid and *Punarnavadi kwath* 15 ml in the OPD level. Ultrasonography (USG) of whole abdomen was the main diagnostic tool in this study. After 3 Months, patients presented with USG report as significant result of uterine fibroid.

**Keywords :** *Granthi*, Uterine fibroid, Leiomyomas, Tumour

**INTRODUCTION:** Fibroid are the Commonest Benign tumor of the Uterus. It has been estimated that at least 20% of women at the age of 30 have got fibroid in their wombs. Fortunately, most of them (50%) remain asymptomatic. The incidence of symptomatic fibroid in hospital outpatient is about 3%. These are the most common in nulliparous or in those having one child infertility. The prevalence is highest between 35-45 years age group<sup>1</sup>. In Ayurveda, Fibroids are mentioned under *granthi/arbuda*. The concept of *Granthi* was given by the Father of Indian Surgery 'Sushruta'. According to Ayurveda the cyst and fibroid are formed due to accumulation of *kapha*, along with disturbances in *pitta* and *vata*. In Ayurveda *artava vaha srotas* comprise tissues, secretions and contents of uterus, ovaries, fallopian tubes, breasts and the channels which carry out female reproductive functions. If *kapha* accumulation remains unchecked, these

*kapha* deposits can migrate to other parts of this system. The timing and coordination with psycho-biological cycles governs the *Vata*. The circulation of blood, rise in temperature, blood pH and the interface between the systems is maintained by *pitta*. The *kapha* affects the properties of mucosa such as its thickness, viscosity and adherence. *Kaphaja granthi* are less painful and gradually increase in size. Pain and dark menstrual flow is there if accompanied with *vata*. Vitiation in *pitta* leads to heavy blood loss<sup>2</sup>. According to modern Medicine Uterine leiomyomas, or fibroids, are a major cause of abnormal uterine bleeding in women. These benign tumors develop during the reproductive years and their growth has been shown to be dependent on the ovarian steroid hormones oestradiol and progesterone. The growth promoting effects of these steroid hormones appear to be mediated through the local production of specific growth factors.<sup>3</sup>

Treatment is typically not needed if there are no symptoms. In those with mild symptoms, ibuprofen or paracetamol (acetaminophen) may help. Iron supplements may be needed in those with heavy periods. Medications of the gonadotropin releasing hormone agonist class may decrease the size of the fibroids but are expensive and associated with side effects. If greater symptoms are present, surgery to remove the fibroid or uterus may help. Uterine artery embolization may also help. Cancerous versions of fibroids are very rare and are known as leiomyosarcomas. They do not appear to develop from benign fibroids.<sup>4</sup>

According to Ayurveda *Vata*, *Kapha* dominating *Tridoshas* are involved in the pathogenesis of the *Granthi Roga* hence *Vata-Kaphahara* medications are required, *Dushyas* are *Rakta*, *Mamsa*, and *Meda* hence the medications should possess *Raktashodhaka* (blood purifier), *Lekhana* (scrapping or dissolving) properties. *Srotodushti* is type of *Sanga*, *Vimargagamana*, *Atipravritti* so by *Aamapachana* and *Vatanulomana* drugs this problem can be controlled, and to combat *Agnimandhya*, medicines having *Deepana* (stomachic), *Pachana* (digestive) properties are required<sup>5</sup>.

#### AIM AND OBJECTIVE:

To evaluate the therapeutic effect of *Kanchnar Guggulu* and *Punarnavadi kwath* in the management of Uterine Fibroid (leiomyomas)

**MATERIAL AND METHODS:** The patients presented with clinical features indicative of uterine fibroid were examined; a clinical diagnosis was made in the OPD of National Research Institute for Ayurveda-Siddha Human Resource Development (NRIASHRD) Gwalior and

then confirmed with the help of whole abdomen ultrasonographical (USG) examination. After confirmation, patients having uterine fibroid of  $<40\text{ mm} \times 40\text{ mm}$  were considered for this case series. The demographic profile, associated gynecological symptoms such as pain lower abdomen, backache, excessive and irregular bleeding if present were noted. Laboratory investigations like blood and urine were also documented. Purpose and effect of the Ayurvedic medicines were explained to the patients. *Kanchnar Guggulu* and *Punarnavadi kwath* was prescribed to the patients willing for medication. Patient outcomes were also analyzed. *Kanchanara Guggulu* is in clinical use for many centuries in the treatment of *Gandamala* (cervical lymphadenopathy), *Apachi*, *Arbuda*, *Grandhi*, *Kushta*, etc.

**Study design:** *Kanchanara Guggulu* (each of 500 mg) two tablets and *Punarnavadi kwath* 15 ml were prescribed to take orally before meal at the interval of 12 hours for the duration of 2 to 3 months to five patients.

**Case 1:** A 35 years old married female having complaints of excessive bleeding in second day of menstruation period. Third and fourth days very small amount but fifth days more than third, fourth days. Pain in lower abdomen and back, of variable intensity being present throughout the cycle, Patient visited OPD of National Research Institute for Ayurveda-Siddha Human Resource Development (NRIASHRD), Gwalior. She was advised for whole abdomen USG to exclude any pelvic pathology as the causative factor of her gynecological complaints. As per her USG reports, it was concluded as uterine fibroids of  $35\text{ mm} \times 26\text{ mm}$  size present in

the posterior wall. *Kanchanara Guggulu* two tablets were prescribed twice a day and *Punarnavadi kwath* 15 ml to the patient. After taking medications, she had her menstrual period at the interval of 28 days that was greater than her previous interval. Repeat whole abdomen USG was done after 12 weeks treatment and reported as normal study.

**Case 2:** A 35-year-old married woman having complaint of pain in the lower abdomen and irregular menstrual period associated with joint pain. Patient came to the OPD of NRIASHRD with ultrasonographical report because she was already consulted to modern Gynecologist before visited to our OPD. As per USG reports, Bulky Uterus with uterine fibroid of the size of 15 mm × 11 mm was present in the posterior wall of the uterus. Patient had taken some modern medical treatment for the same problem and did not get relief for the same, Patient was mild anaemic. Combination of drugs quoted above was prescribed to the patient. After three weeks of treatment her complaint of pain abdomen before and during the cycle were reduced. After 3 months, a repeat USG was done, and the report was of normal study.

**Case 3:** A female patient of 36 years having complaints abdominal pain, excessive and irregular periods associated with headache and high blood pressure (BP 160/100 mm). She has no child after marriage of 7 years. Patient reported to the OPD of NRIASHRD. USG and Thyroid function test was advised to the patient to exclude the pelvic and other pathology. USG reported uterine fibroid of the size of 30 mm × 23 mm was present in the posterior wall of the uterus. Thyroid stimulating hormone (TSH) also increased up to 7.9 uIU/ml, she was interested to have

Ayurvedic management for the said problem. *Kanchanara Guggulu* two tablets and *Punarnavadi kwath* 15ml bid prescribed. Proper counseling given to the patient regarding infertility and high blood pressure. After 2 months of treatment, period was regular and normal bleeding. She felt relief in headache and tension, blood pressure came down up to 130/86 mm. After three months of treatment repeat USG and TSH done and the report was normal in USG and TSH is decreasing. Same treatment is continuing for Thyroid problem.

**Case 4:** A 25-year old unmarried girl having complaints of severe pain in the abdomen and back during and before periods. Patient came to the hospital and visited the outpatient department (OPD). Patient was anxious because of going to be getting married after 5 months. She had taken some modern medical treatment for the same problem and did not get relief for the same; she had ultrasonography report at some private hospital. As per her USG reports, the uterine fibroid of the size of 25 mm × 15 mm in the posterior wall of the uterus. The fibroid was intramural type of fibroid. She was interested to Ayurvedic treatment for the same problem. Combination of drugs quoted above was prescribed to the patient. After three weeks of treatment her complaint of pain abdomen before and during the cycle were reduced. After 3 months, a repeat USG was done, and the report was of normal study.

**Case 5:** A married patient aged 40 years having two kids visited the OPD of NRIASHRD with the complaints of irregular and painful periods with associated complaints of pain in the abdomen and back during and before periods since 2 years. While her USG reported intramural type of fibroid in the posterior wall of the

uterus of 39 mm × 26 mm size along with bilateral ovarian cysts of 23 mm × 17 mm and 20 mm × 14 mm sizes. The patient was advised to take a second opinion of a modern gynecologist in this regard. The patient was advised for hysterectomy by the gynecologist of the modern fraternity. Patient was economically non affordable. She was interested to have Ayurvedic management first for the said problem then would decide for surgical treatment if there was no improvement. The same combination was prescribed to the patient and after the period of 3 months, the reduction in the size of uterus was reported as well as was underlined by Radiologist. It was advised to continue the same treatment for some longer duration. After next 3 months her ultrasound report was concluded as normal study having uterus of normal size and no ovarian cysts.

**RESULTS:** Ultrasonography is the only diagnostic tool which is being used for the confirmation of diagnosis of uterine fibroid and to assess the results of management that's why the same was adopted during this case series. All the patients reported the normal study on ultrasonography after the treatment of 3 to 5 Months. Largest size of the fibroid treated in this study was of 39 mm × 26 mm. in that case also encouraging results were reported. Clinically patients got improvement in all the gynecological complaints, which the particular patient had. During follow-up of the patients after 6 weeks; no recurrence was reported clinically as well as on USG.

**DISCUSSION:** In the *Samprati* (pathogenesis) of *Granthi*, it is mentioned that *Mamsa* (muscle fibers), *Rakta* and *Medo Dhatus* are vitiated. Several studies have found an association between obesity and an increased inci-

dence of uterine leiomyomas. In a prospective study from Great Britain<sup>6</sup>, the risk of fibroids increased approximately 21% for each 10 kg increase in body weight; similar results were obtained when the body mass index (BMI) was analyzed rather than weight. In a case-control study from Thailand<sup>7</sup>, a 6% increase in risk was observed for each unit increase in BMI. Similarly, a large prospective study of registered nurses in the United States found an increased fibroid risk with increasing adult BMI, as well as an increased risk associated with weight gain since age 18 years<sup>8</sup>. In a study from Boston, Massachusetts, 51% of the hysterectomies- or myomectomies-confirmed patients with leiomyomata were overweight, and 16% were severely obese<sup>9</sup>. If we see the contents of the drugs; *Guggulu* (*Commiphora mukul* Hook. ex Stocks.) is analgesic and anti-inflammatory. *Guggulu* possesses *Laghu*, *Ruksha*, *Tikshna* (sharp), *Vishad* (clear), *Sara* (mobile), *Dipana*, *Anuloman*, *Le khana* (scraping), *Medohara*, *Kapha-Daurgandhya-Hara*, *Hridya*, and *Raktaprasadana* properties and is useful in *Sthaulya*, *Prameha*, and other diseases associated with *Sthaulya* (obesity). Mode of action through modification of thyroid gland functions has been reported with *Guggulu* in a study<sup>10</sup>. *Kanchanara Guggulu* is a classical Ayurvedic formulation, used for *Kapha* accumulations in the tissues. As *Kapha* moves deeper within the system, it may manifest as swollen lymph nodes, cysts or growths. Powerful decongestants such as *Kanchanara*, *Triphala* (a combination of fruits of *Terminalia chebula* Retz., *Terminalia belerica* Roxb., and *E. officinalis*), and *Trikatu* (*Zingiber officinale* Rosc., *Piper nigrum* L. and *Piper longum* L.) are mixed

with *Guggulu* to break down and eliminate hardened *Kapha*. This detoxifying blend supports the proper function of the lymphatic drainage and digestive systems, aiding in the prevention of further *Kapha* accumulation. Its main ingredients *Kanchanara* (*Bauhinia variegata* L.), *Varuna* (*Crataeva nurvala* Buch.-Ham.), *Triphala*, *Trikatu*, *Trijataka* may also useful in *Galganda* (Thyroid problem). *Kanchanara Guggulu* supports proper function of the lymphatic system, balances *Kapha Dosha*, promotes elimination of inflammatory toxins; it is alterative, anti-inflammatory and tonic and is administered in cysts, malignant ulcers, syphilis, fistula, scrofula, sinus, etc., *Kanchanar* is very useful in extra growth or tumors and helps in reducing bleeding<sup>11</sup>. *Punarnavadi Kwath* is a classical Ayurvedic formulation indicated for *Sarvangsoth* (General anasarca), *Udarrog* (Abdominal disorders), *Kasa* (cough), *Shoola* (pain), *Swas* (Respiratory problem) and *Pandu* (anaemia). Its main ingredients *Punarnava* (*Boerhavia diffusa* Linn.), *Devdaru* (*Cedrus deodara* (Roxb.) Loud), *Haldi* (*Curcuma longa* Linn.), *Katuki* (*Picrorhiza kuroa* Royle ex Benth.), *Patol* (*Trichosanthes dioica* Roxb.), *Haritaki* (*Terminalia chebula* Retz), *Nimba twak* (*Azadirachta indica* A. Juss), *Nagarmotha* (*Cyperus rotundus* Linn.), *Sunthi* (*Zingiber officinale* Rosc.) and *Guduchi* (*Tinospora cordifolia* (Wild)) which have *Tikta Rasa*, *Sama Sheetoshnaveerya*. It is *kapha-pitta hara*, *sopahara*, slightly laxative. So, it can easily clear up the channels or *srota*<sup>12</sup>.

**CONCLUSION:** Uterine fibroid is seen during reproductive life of a female irrespective to the age, which may result in various menstrual problems such as dysmenorrhea, menorrhagia, and irregular pe-

riods, by disturbing anatomical as well as physiological integrity. Medical management of this problem is possible on the basis of Ayurvedic fundamental principles. *VataKaphaShamaka*, *RaktaShodhaka*, *Lekhana*, *Shothghna* and *Kledaghna* medicines such as *Kanchanara Guggulu* and *Punarnavadi Kwath* were found to be very effective in relieving uterine fibroid in this case series.

Uterine fibroid is similar to *Garbhashyagata* (intrauterine) *Granthi* (en capsulated growth) but a large sample clinical study will only establish the hypothesis and may help to contribute to avoid uterine fibroid surgery in initial stages.

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